LOOE URBAN DISTRICT COUNCIL

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1959

To the Chairman and Members of the Looe Urban District Council.

Mr. Chairman, Mrs. Couch and Gentlemen,

The estimated population of No. 7 Health Area fell by 500 in 1959 to a total of 50,730. Of individual County Districts St. Germans Rural District, Torpoint Urban District and Liskeard Municipal Borough all showed decreases; there was no change in Liskeard Rural District and Saltash Municipal Borough and Looe Urban District had small increases. The corrected birth rate of 14.0 per 1000 of population was below the 1958 rate and was also below the national rate of 16.5 live births per 1000 of the population. The number of still-births fell by 7 to a total of 13 as compared with 1958 and brought the still-birth rate slightly below that for England and Wales.

The corrected death rate of 12.4 per 1000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of South East Cornwall. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 6 to a total of 9, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of diseases causing death was substantially unchanged with heart disease, cancer and "strokes" in that order at the head of the list. Of the specifically defined forms of cancer that affecting the stomach was the most frequent cause of death with cancer of the lung and bronchus following very closely behind it.

The incidence of infectious disease (not including tuberculosis) was not particularly heavy during 1959 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the more serious forms of notifiable disease one case of non-paralytic poliomyelitis and one case of meningitis only were notified. If previous impressions are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1959. The fact that one mild case only occurred leads one to hope and believe that the poliomyelitis vaccination campaign has produced this wholly desirable result. It is yet too early to express any firm or useful opinion on the duration of the immunity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic measure was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this measure of protection against poliomyelitis. This scheme has now been extended to include persons up to the age of 40 years, but here again preliminary impressions are of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the summer of 1959 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any specific treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and spread of the disease resembling as it does the passage of the common cold suggests that the infecting organism is probably air-borne from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unclassified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of less happy days is tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and talented and useful members of the community in the prime of life there is still an appreciable amount of tuberculous infection about. At one time some ten years ago high hopes

were entertained that with more effective remedies and methods of treatment coupled with improved techniques for discovering cases and a more enlightened attitude to the disease the days of tuberculosis as a major communicable disease were numbered. These hopes have proved to be over-optimistic, and we now know that the problem although it will be eventually reduced to insignificant proportions cannot be expected to resolve and disappear rapidly. More efficient methods of treatment are in some cases a two-edged sword. In the majority of cases quick and effective cures are achieved, but in a certain minority of cases the drugs do no more than keep alive as potential or possible sources of infection persons who would otherwise have died of the disease, and thereby ceased to menace others. The more enlightened attitude to this disease which has been more and more in evidence since the war has not unfortunately been effective in the older section of the community who are very unwilling to accept any suggestion that they might be sources of infection. It is a common finding that elderly contacts of cases are unco-operative or frankly unwilling to attend contact investigations designed to find the source of infection, and they seem very reluctant to attend mass radiography sessions when these are held in a locality. As far as the No. 7 Health Area is concerned there has been a moderate increase in the number of new cases of tuberculosis discovered over the past two years. After a progressive steady fall from 1953 to 1957 the incidence of new tuberculous infection discovered in 1959 was back to the level of 1954. Whereas up to 15 or 20 years ago the main impact of this disease was on the young adult there has in recent years been a shift in the incidence to those in the middle-aged and elderly section of the population and in 1959 the percentage of cases aged 45 years and above at the time of notification was as high as 38%. If any lesson is to be learned from this it is surely that people, who because of their age might have regarded themselves as being safe from the risk of tuberculous infection, should not hesitate to seek advice and should submit to necessary investigation when any chest condition shows a tendency to become chronic or even slow to clear. This is particularly important if as grandparents they have contact with and possibly charge of small children.

Last year I wrote at some length about noise and the role it probably plays in helping to bring about mental strain and fatigue. I was gratified to see that not long after I had commited my sentiments to paper a lively attack on the problem and menace of loud and uncontrolled noise got under way in the correspondence columns of at least one national daily newspaper. This resulted in the formation of a Noise Abatement League or Society, and subsequently a Private Members Bill on the subject was brought before Parliament, and received general support. I sincerely hope that this and any future legislation which might be found necessary will deal firmly and effectively with the increasing volume of unnecessary and unpleasant noise which is such an unwelcome feature of our modern life.

I have on many previous occasions referred to the important, almost indispensabl part which members of the general public can and indeed must play if a really satisfactory standard of food hygiene is to be achieved in this country. Those of us who are charged with advising on clean methods of food handling, and on suitable equipment to help achieve this, can do no more than exercise a general supervision of personnel and premises concerned in the handling of food. My own impression is that the greatest danger to clean food stems not from inadequate premises and equipment, but from unhygienic practices by those handling the food. These exist and continue partly because those concerned see no need for high standards in handling food, partly because owners, managers and employees in premises handling food know little of the simple rules for avoiding the transmission of infection through food, but most of all because the great mass of the British public are not really interested in the way in which their food is handled. We have known for some time that our neighbours from Europe, and especially from the Scandinavian countries do not think highly of our attitude to food hygiene. I was interested to read recently an account by a very experienced senior Public Health Officer of a visit to America during which he found amongst the general body of United States residents a much keener appreciation of the need for cleanliness in food handling, and a much less tolerant and laissez-faire attitude toward those who fail in their duty to the customer in this respect. Whilst it is probable that some of this attitude arises from the knowledge that in America illness presents a serious financial problem to the individual or family, it also shows a more critical and more enlightened view of the problem. I do not believe that even the most apathetic of consumers likes the idea of eating dirty and perhaps dangerous food, but until customers take a stronger line with employees and managements, real progress to the goal of really clean food will be slow and discouraging. I think the final word on this subject might rest with our transatlantic cousins whose slogan "Protect yourself yourself" is to the point and makes good sense.

For some considerable time the Cornwall Branch of the Association of Public Health Inspectors has been engaged in the formulation of standard conditions which

owners and operators of caravan and camping sites would be required to comply with before a licence under the Public Health Act 1936, Section 269 would be granted by a County District Council. These new standard conditions are so designed as to achieve clean, hygienic and healthy conditions for caravan dwellers and campers and any new sites should therefore be satisfactory from the public health point of view. These new standard conditions have been generally adopted throughout the County, and their operation will I feel sure in the course of time enhance the good name of Cornwall as a place for a caravan or camping holiday.

In recent years we have seen in Devon and Cornwall a less desirable type of itinerant holiday maker. I refer to those people who either elect or are forced to spend their nights sleeping in cars on roadside verges and lay-bys. That this way of spending a holiday is uncomfortable and fatiguing is largely a matter for those who do it, although I can believe that the participants in a "holiday" of this sort cannot be much of an asset to the organisation which employs them when they return to work. That they should cause the countryside adjacent to their halting places to become untidy, foul and insanitary from their litter and dejecta is something we are all entitled to complain about. My own view of these people is that they are for the most part feckless and irresponsible by nature having either failed to make proper arrangements in advance for their holiday accommodation, or in choosing this way of living without care or consideration for those who have to suffer the trail of filth which they leave in their wake. The fact that the practice has been seen to continue when there is accommodation on camping sites or in hotels, guest houses and farmhouses in the vicinity suggests that however much accommodation is made available some of these people will continue to spend their holidays in this cheap and nasty way. It will however be interesting to see if the provision of more camping sites to which these itinerants could gain admission and on which sanitary arrangements would be provided will do anything to reduce the size of the problem, and the degree of nuisance to landowners and the general public which it brings about each summer.

The report of the Medical Research Council with the title "Sewage Contamination of Bathing Beaches in England and Wales" which was published in December 1959 has occasioned much comment and not a little hostile criticism. This latter critical attitude stemmed from the fear that the negative findings of the Research Committee in their investigation into an association between bathing in water polluted by sewage and disease might lull local authorities into a false sense of security and complacency about their sewage disposal arrangements. In my view this criticism though well-motivated by anxiety to see the problem of sewage contamination of coastal waters and inland waterways tackled, was hasty, ill-conceived and hardly just to the Research Committee. We are all aware of the potential danger which sewage constitutes when present in water and on beaches frequented by bathers. It was in an effort to define and measure more precisely the extent and nature of the hazard to health that the Committee undertook a long and searching enquiry into the matter. At the end of this enquiry they had no alternative but to report that they could discover no evidence that bathing in sewage contaminated water caused disease. I was not surprised at this finding since I have never encountered any case of disease which I could honestly attribute to bathing in sewage contaminated water nor have my colleagues in general practice in this part of Cornwall ever drawn my attention to any such instance. It does not at all follow that because bathing in contaminated water does not appear to be dangerous to health that we can with impunity continue to discharge crude sewage into coastal waters or indeed any waterway. In my Annual Report for 1955 I urged that the necessity for proper means of sewage disposal be assessed largely on questions of public decency and amenity, and less on any potential threat to health. The negative findings of the Research Committee support the view I then took and make it more necessary than ever that this problem be approached from the aesthetic angle. Our claim to be a civilized nation with a high standard of living rings very hollow if we are not prepared to deal energetically with our present disgusting habit of fouling coastal waters, inland watercourses, and land with our dejecta.

Whilst on the subject of sewage disposal I want to refer to a difficulty which is beginning to be felt in the operation of sewage disposal plants. The end result of present methods of treating sewage is the production of a solid residue known as sludge. This material has to be removed regularly from the disposal plant, and it is here that the difficulty arises. Sludge although containing nitrogenous material which renders it suitable as a type of manure, is unpleasant to handle,

and may spread organisms of human, animal, and plant disease to animals and crops. For these reasons it is far from easy and sometimes impossible to get farmers to remove sludge for use on land. As each year more sewage disposal plants are constructed and brought into operation the problem will become more acute. The most promising solution lies in a system which combining specially treated sewage sludge with selected parts of household refuse can produce an acceptable odourless and safe form of compost for use on agricultural land and in market and private gardens. This has the merit of helping to deal with two otherwise troublesome end-products of human existence - sewage sludge, and household and trade refuse - and the conservation and return to the land of nitrogenous materials and humus which might otherwise be lost. The major drawback is the high capital cost of such a plant making it necessary in the case of smaller authorities for several to combine together to provide one on a joint user basis, and this in turn would involve expense in transporting household refuse and sludge from those parts of the district served which are remote from the plant. In spite of this the increasing difficulty of disposing of sludge and of finding sites for properly controlled disposal of household refuse may compel Councils to adopt this or some other system to solve their problems.

With some easing in the demand for houses it has been possible for Councils to devote more attention to housing specifically designed for elderly people. As the drive to clear away old, unhealthy, sub-standard houses and cottages continues many instances of old persons living under very unsatisfactory housing conditions are coming to light. These old people are relieved of much worry if they feel that when the dwelling they live in has to be closed or demolished they can be rehoused in an old persons flat or bungalow instead of having to go to a home or an institution.

In concluding this preface I should like to again express my thanks to all those who in any way have assisted and encouraged me in my work during the year 1959.

I have the honour to be,

Mr. Chairman, Mrs. Couch & Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

L O O E U R B A N D I S T R I C T

HEALTH AND HIGHWAYS COMMITTEE

Councillor L.Pengelly ... ... Chairman

Councillor F.Curtis ... ... Vice-Chairman

HEALTH OFFICERS OF THE AUTHORITY

P.J.Fox, M.B., B.Ch., B.A.O., D.P.H.,
Medical Officer of Health.

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West Street, Liskeard,
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East Looe, Telephone - Looe 2255
Cornwall.

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LOOE URBAN DISTRICT

Area of Urban District	1649·5 acres
Population (Registrar General's Estimate)	3780
Number of Inhabited Houses	1454
Rateable Value	£71,904
Product of Penny Rate	£290

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Vital Statistics for 1959

	Male	Female	Total
Live Births	24	26	50

	Looe U.D.	Health Area No:7	England & Wales
Birth rate per 1,000 of population	15·2	14·0	16·5

	Male	Female	Total
Still Births	-	2	2

	Looe U.D.	Health Area No:7	England & Wales
Still birth rate per 1,000 total births	38·5	20·3	20·7

	Male	Female	Total
Deaths	33	33	66

	Looe U.D.	Health Area No:7	England & Wales
Death rate per 1,000 of population	13·4	12·4	11·6

Principal Causes of Death at all Ages

Heart Disease	27
Cancer (all sites)	19
Vascular lesions of the nervous system ("stroke")	11
Genito-urinary disease	3

Average Age at Death

Males	Females
73	74

Although there was an increase in the birth rate the death rate also increased, and there was again an excess of deaths over births - in this case 16 which was slightly above the corresponding excess figure of 14 in 1958. This excess of deaths is to be expected in a place such as Looe which attracts elderly people as a place of retirement and where absence of industrial concerns means that the younger element of the population would tend to leave the Urban District to find steady remunerative employment.

The proportion of deaths from cancer - about 29% - is unusually high but it would be unwise to express any opinion on a single year's figures, particularly as in previous years this figure did not depart markedly from the average.

The average age at death was above average, and of those dying during 1959, no less than 55% had reached or passed the age of 75 years at the time of death.

Infectious Disease The incidence of notifiable disease in the town during 1959 was light as 29 cases only were notified. The most prevalent disease was measles of which 22 cases were notified. No case of any serious infectious disease occurred.

The following are details of cases and case rates of notifiable disease during the year :-

Disease	Actual Numbers	Rate per 1,000 of population: Looe U.D.	Rate per 1,000 of population: Health Area No: 7
Measles	22	5·82	8·75
Pneumonia	3	0·79	0·95
Scarlet fever	2	0·53	0·77
Whooping cough	1	0·26	1·24
		Rate per 1,000 total births	
Puerperal pyrexia	1	19·23	4·68

Tuberculosis The incidence of this disease was again very light during 1959 when one case only of non-respiratory infection was notified. The person involved was a 28 year old man.

The following are details of this case and case rates for 1959 :-

Age Group	New Cases M	New Cases F
0 - 5	-	-
5 - 15	-	-
15 - 25	-	-
25 - 45	1	-
35 - 65	-	-
65 and over	-	-
	1	-

There were no deaths from tuberculosis during the year.

	Rates per 1,000 of population: Looe U.D.	Rates per 1,000 of population: Health Area No: 7
New cases	0·26	0·77
All known cases	5·82	6·23
Deaths	-	0·06

At the end of the year there were 16 known cases of respiratory tuberculosis, and 6 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1958. No action under Section 47 of this Act was called for during 1959.

Water Supply Apart from certain difficulties in obtaining adequate supplies at higher levels during the summer months when the draw-off at lower levels is heavy water supply arrangements have been generally satisfactory. As Mr.Harvey points out in his report an increase in storage capacity in West Looe is urgently needed to cope with heavy summer demand for water.

I am glad to be able to report that there was no recurrence of small scale contamination which we experienced at certain points on the supply mains in West Looe in 1958.

Sewerage and Sewage Disposal The Council actively pursued the examination of various schemes for proper sewage disposal. Although it is appreciated that the capital cost of any scheme to pump sewage to a treatment works to the landward side of the town, where it can receive full treatment, will be very high, a majority of the Members of the Council favour this solution as against the discharge of crude untreated sewage by sea outfall pipes. During the 1959 holiday season several complaints were received from visitors to the town about contamination of the foreshore by sewage.

Food In spite of the very heavy pressure which is brought to bear on all establishments handling, preparing and serving food during the peak months of the holiday season a reasonable standard of food hygiene was maintained, and no complaints were received from customers, nor were any cases or outbreaks of food poisoning notified. One outbreak of diarrhoea and vomiting at a hotel which was investigated was found not to be due to the usual agents which cause food poisoning. Negative bacteriological findings together with a mode of spread resembling an upper respiratory infection such as the common cold suggest that this infection was probably due to an unknown virus which has in recent years been

noted as causing epidemic diarrhoea and vomiting. Although our investigations were confined to one hotel there were reports of a similar type of infection on a fairly widespread scale in the town. It is not at all easy to differentiate between genuine food poisoning, outbreaks of this type, and simple gastro-enteritis brought on by excessive and/or injudicious consumption of food and drink by people on holiday. The problem is further complicated by the ease with which people can move about by private car or motor coach when meals are taken at a variety of cafes, snack bars, hotels and inns over a large area of countryside.

Factories Act, 1937 to 1959 No difficulty in the administration of these Acts was experienced during 1959.

Report of the Public Health Inspector This report by Mr.J.E.Harvey follows. I should like to take this opportunity of thanking Mr.Harvey for the help he has given me throughout the year.

REPORT OF MR. J. E. HARVEY

SURVEYOR & PUBLIC HEALTH INSPECTOR

HOUSING

The Council decided against building any more houses for the time being.

The Council have adopted a policy of where a suitable house for conversion became vacant, that that house be converted into two flats. The flats would then be offered to people living in other under-occupied houses, thus creating another house for conversion.

This policy was put into action in a house at Polvellan Terrace, West Looe.

All Council houses have been periodically inspected. It was found that considerable repairs are needed to the houses at Sunrising Estate, due mainly to the class of wood available when the houses were built.

Private Enterprise houses completed during the year numbered nineteen.

Total number of houses inspected	526
Drains inspected and tested	47

SEWERAGE

The bulk of the sewage from Looe discharges as crude sewage into the harbour area. All outfalls on the West Looe side have now been lengthened to discharge into the flowing stream.

The sewer at Barbican Hill was found to be defective and was relaid and slight alterations made in the pipelines. The Council also decided to extend the sewer at Barbican Hill to take in the properties on the Upper Barbican Hill area.

The Council are still awaiting details of further surveys carried out by the Consultants in order to decide upon the best method of sewage disposal to adopt.

During the year the sewer outfall at Hannafore has given considerable trouble, due to the pipe becoming silted up. The actual sewer is in a very poor condition being fractured in numerous places, this causing sewage to discharge onto the rocks and thus wash back on to the beaches at certain tides. This sewer is to be renewed at an early date.

REFUSE COLLECTION & DISPOSAL

The present method of disposal is by "Incinerator", but the time is not far distant when the Council will have to consider either enlarging the existing Incinerator or find some alternative means of disposal, because at present, at certain times a large quantity of refuse has to be burnt on top of the tip.

The Council purchased one new refuse lorry during the year. It was also agreed that the old lorry should be overhauled and retained by the Council in order to cut down on the amount of hired transport.

The Council still operated a single collection during the winter months and a twice weekly collection during the summer.

FOOD & DRUGS

ICE CREAM

There are two factories manufacturing ice cream in the district, this ice cream is distributed over a large area of Devon and Cornwall.

There are fourteen premises registered for the sale of ice cream. Regular inspections were carried out of all these premises and all were found to be very satisfactory.

During the year a total of 66 samples were submitted and all were found to be very satisfactory.

During the year a total of 66 samples were submitted for analysis. 63 were in Grade I and 3 in Grade 2. The results are most satisfactory.

FOOD HYGIENE

Regular inspections have been made of all food premises, and particular attention was paid to hotels and cafes during the peak holiday season. Both cafes and hotels have kept up a very good standard of cleanliness.

There was one minor outbreak of suspected food poisoning, but this was not confirmed after bacteriological examination. The outbreak was confined to one hotel who were, at that time, catering for a school party; careful inspection was made of food preparation rooms and staff, but all were found to be satisfactory.

A total of 1,141 inspections were made of food premises during the year.

RODENT CONTROL

The Council still maintain regular inspections and treatment during the year. Much valuable assistance and advice has been given by the Ministry of Agriculture & Fisheries Pests Officer from Liskeard.

WATER

A supply of water has been maintained by the South East Cornwall Water Board during the year.

Despite the installation of a pressure reducing valve at the bottom of West Looe Hill difficulty was experienced in maintaining supplies during the summer. The main reason for this being the very inadequate storage facilities. When one realises the total storage capacity for Looe is 45,000 gallons, which is approximately three hours' supply during the summer months, it must be apparent that should there be a breakdown in the supply into the town from Bindown, a state of chaos would exist. Such a breakdown did occur during the August Bank holiday week-end and only by a great deal of effort and overtime, and co-operation on the part of users were very restricted supplies maintained.

As Looe appears to becoming more and more popular it is essential that considerably larger storage facilities are made available without delay.

FOOD CANNING

During the year the following pilchards were tinned at the local Canning Factory :-

14-oz Oval Cans	453,080
7-oz Oval Cans	846,020
6-oz Tall Cans	39,468
No: I Tall Cans	32,537
½ Tall Cans	102,832
½½ Flat Cans	11,840
¼ Flat Cans	182,790
TOTAL	1,668,567

J.E.HARVEY,

SURVEYOR & PUBLIC HEALTH INSPECTOR,
LOOR URBAN DISTRICT COUNCIL.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1959

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart disease	73	78	32	16	53	27	279
Cancer (all sites)	40	26	20	10	15	19	130
Vascular lesions of the nervous system ("stroke")	36	20	17	7	16	11	107
Respiratory disease	14	11	6	6	2	2	41
Circulatory disease	11	3	7	3	4	-	28
Accidents	7	6	1	2	1	-	*17
Genito-urinary disease	4	3	1	-	1	3	12
Digestive disease	2	3	1	-	1	-	7
Suicide	2	3	1	-	1	-	7

* Includes 3 motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1959

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	32	30	20	6	8	10	106
Hypertension with heart disease	2	5	-	1	3	2	13
Other heart disease	39	43	12	9	42	15	160
Cancer of stomach	4	4	4	3	1	3	19
Cancer of lung & bronchus	6	-	4	2	4	2	18
Cancer of breast	5	3	2	-	-	2	12
Cancer of uterus	1	3	-	-	-	1	5
Leukaemia	2	-	1	-	-	1	4
Other cancers	22	16	9	5	10	10	72

APPENDIX 3.

DEATHS BY AGE GROUPS - 1959

DISTRICT	0 - 5 YEARS	5-15 YEARS	15-45 YEARS	45-65 YEARS	65-75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D	6	1	2	39	61	105	214
LISKEARD R.D.	4	-	9	33	41	77	164
SALTASH M.B.	-	1	2	24	31	35	93
TORPOINT U.D.	-	-	2	9	13	23	47
LISKEARD M.B.	-	1	1	15	28	60	105
LOOE U.D.	-	-	1	15	14	36	66
HEALTH AREA NO. 7	10	3	17	135	188	336	689

APPENDIX 4.

AVERAGE AGE AT DEATH - 1959

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	69	72
LISKEARD R.D.	67	71
SALTASH MB.	68	72
TORPOINT U.D.	72	71
LISKEARD M.B.	75	76
LOOE U.D.	73	74
HEALTH AREA NO.7	71	73

APPENDIX 5.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1959

AGE GROUP	NEW CASES		DEATHS	
	M	F	M	F
0 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	2	-	-
15 -25 YEARS	1	5	-	-
25 -45 YEARS	6	8	-	-
45 -65 YEARS	5	2	-	-
65 YEARS AND OVER	6	2	1	2
	20	19	1	2

	MALES	FEMALES	TOTAL
NEW CASE RATE PER 1000 OF POPULATION	0.39	0.37	0.77
MORTALITY RATE PER 1000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1959

DISTRICT	NEW CASES	ALL KNOWN CASES AT 31.12.59.	DEATHS
ST. GERMANS R.D.	0.78	6.16	-
LISKEARD R.D.	0.65	4.83	0.07
SALTASH M.B.	0.81	6.98	0.13
TORPOINT U.D.	0.67	7.73	-
LISKEARD M.B.	1.64	7.96	0.23
LOOE U.D.	0.26	5.82	-
HEALTH AREA NO. 7	0.77	6.23	0.06
CORNWALL COUNTY	0.61	7.23	0.07

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1959

AGE GROUP	MALES	FEMALES
15 - 45 YEARS	-	-
45 - 65 YEARS	7	2
65 - 75 YEARS	6	1
75 YEARS AND OVER	2	-
ALL AGES	15	3

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1959

	MALES	FEMALES	TOTAL
HEALTH AREA NO. 7.	0.296	0.059	0.355
CORNWALL COUNTY	0.280	0.041	0.321
ENGLAND AND WALES	0.401	0.063	0.464